



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5  
77 WEST JACKSON BOULEVARD  
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

March 26, 1997

MANUFACTURERS SAFETY CO., INC.  
ATTN: CHUCK FAIRBANKS  
1209 ST CHARLES RD  
ELGIN, IL 60120

RE: US EPA ID Number ILD 990 817 249  
Location: 1209 ST CHARLES RD  
ELGIN, IL 60120

In response to your correspondence of 01/17/97, the following information has been updated:

LOCATION OF INSTALLATION: **1209 ST CHARLES RD**  
CONTACT PERSON CHANGED TO: **CHARLES FAIRBANKS**

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon  
RCRA Notifications Coordinator  
Waste Management Division

cc: State Agency  
File

RECEIVED  
WMD RECORDS SECTION

APR 10 1997





MSO

SHAKEPROOF  
0894380004  
KANE-Co

Walter

January 17, 1997

Mr. Jim Pierce  
IEPA  
Bureau of Land (#24)  
2200 Churchill Road  
P.O. Box 19276  
Springfield, IL 62794-9276

Re: ITW Shakeproof  
1209 St. Charles Road  
Elgin, IL 60120  
IEPA ID No.: 0894380004

Location update-per call on 03/17/97

RECEIVED  
JAN 24 1997

ILD990817249


Mr. Pierce:

Please update your mailing records according to the following:

- The mailing contact for all correspondences regarding waste issues should be changed to **Charles Fairbanks**. Walter Schubert is no longer at the location listed above and any information sent to his attention will not be distributed properly.

Thank you for your prompt attention to this matter.

Sincerely,

  
Kiersten Hegna for  
Chuck Fairbanks (ITW Shakeproof)

RECEIVED

FEB 12 1997

U. S. EPA, REGION V  
SWB - PMS

RECEIVED

FEB 7 - 1997

PROGRAM MANAGEMENT BRANCH  
Waste, Pesticides & Toxics Division  
U.S. EPA - REGION 5

87

RCR ENTRY MAR 17 1997

[illegible]

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA  
I.D. NO.

ILD990817249

I. NAME OF IN-  
STALLATIONILLINOIS TOOL WORKS INC  
ST CHARLES RD  
ELGIN, IL 60120II. INSTALLATION  
MAILING  
ADDRESSIII. LOCATION OF INSTAL-  
LATIONST CHARLES RD  
ELGIN, IL 60120

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

21 A 800825

## I. NAME OF INSTALLATION

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

## IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2 BROOMFIELD DONALD OPERATIONS 312-741-7900

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 ILLINOIS TOOL WORKS INC.

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

ILD990817249

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

FOR OFFICIAL USE ONLY															
S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
W	1	4	9	9	0	8	1	7	2	4	9	2	1		

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 F 0 0 5 23 - 26	5 F 0 0 6 23 - 26	6 F 0 0 7 23 - 26
7 F 0 0 8 23 - 26	8 F 0 0 9 23 - 26	9 F 0 1 7 23 - 26	10  23 - 26	11  23 - 26	12  23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K 0 6 2 23 - 26	14  23 - 26	15  23 - 26	16  23 - 26	17  23 - 26	18  23 - 26
19  23 - 26	20  23 - 26	21  23 - 26	22  23 - 26	23  23 - 26	24  23 - 26
25  23 - 26	26  23 - 26	27  23 - 26	28  23 - 26	29  23 - 26	30  23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 1 0 6 23 - 26	32  23 - 26	33  23 - 26	34  23 - 26	35  23 - 26	36  23 - 26
37  23 - 26	38  23 - 26	39  23 - 26	40  23 - 26	41  23 - 26	42  23 - 26
43  23 - 26	44  23 - 26	45  23 - 26	46  23 - 26	47  23 - 26	48  23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49  23 - 26	50  23 - 26	51  23 - 26	52  23 - 26	53  23 - 26	54  23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

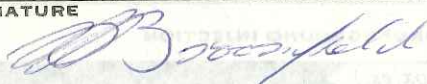
☒ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

# X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Donald J. Broomfield Operations Manager	DATE SIGNED Aug 8 1980
--	---	---------------------------

EPA Form 8700-12 (6-80) REVERSE

[illegible]



Notification file



**SHAKEPROOF**

A DIVISION OF ILLINOIS TOOL WORKS INC.

ST. CHARLES ROAD / ELGIN, ILLINOIS 60120 / TELEPHONE 312 / 741-7900, FROM CHICAGO 378-5529 / TELEX 72-2415 / TWX 910 251-3364

February 6, 1984

U. S. Environmental Protection Agency  
230 South Dearborn  
Chicago, IL 60604 5HW-13

Re: Permit Application With-  
drawal Letter

Facility Name: Illinois Tool Works, Shake-  
proof Division

U.S. EPA ID No.: ILD 990 817 249 G1 TSD, -PA - 9

Attention: Ms. Zetta Davis

Dear Ms. Davis:

In response to our phone conversation on 2/1/84 and in reply to  
your letter dated 1/26/84, I am resubmitting my request for with-  
drawal from Part "A" Hazardous Waste Permit application.

This resubmittal is due to an error on my part in not having a pro-  
per signature and authorization in accordance with 40 CFR Part 270.11.

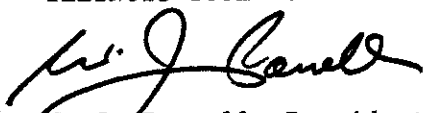
An error was made in our original application indicating that we were  
a landfill and storage site. This is incorrect as we are classified  
as a generator of electroplating wastes, which is completely self-  
contained within our waste treatment system. The metallic hydroxide  
sludge generated is disposed of in an approved landfill in accord-  
ance with our permit.

We would like to officially withdraw from the U.S. EPA Part "A" Sys-  
tem at this time.

Any correspondence or questions should be directed to William G.  
Thomas at the above address, or telephone (312) 741-7900.

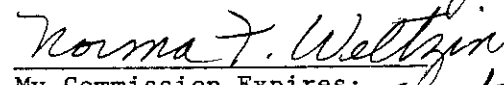
Very truly yours

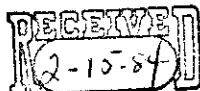
ILLINOIS TOOL WORKS INC.

  
W. J. Farrell, President  
Fastener & Tool Group

ATTESTED TO BEFORE ME THIS

7th day of February  
1984:

  
My Commission Expires: Sept 15, 1987



ds

NO ACTION TAKEN  
PENDING REVIEW OF SUBMITTAL

DATE \_\_\_\_\_

1.1. 11/14/84



Please print or type with ELITE type (12 characters per inch).

GSA No. 12345-XX  
Form Approved OMB No. 158-R00XX

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE REPORT		I. TYPE OF HAZARDOUS WASTE REPORT	
PLEASE PLACE LABEL IN THIS SPACE		PART A: GENERATOR ANNUAL REPORT	
		THIS REPORT IS FOR THE YEAR ENDING DEC. 31, 1980	
		PART B: FACILITY ANNUAL REPORT	
		THIS REPORT FOR YEAR ENDING DEC. 31, 19	
		PART C: UNMANIFESTED WASTE REPORT	
		THIS REPORT IS FOR A WASTE RECEIVED (day, mo., & yr.) - - - 19	
<b>INSTRUCTIONS:</b> You may have received a preprinted label attached to the front of this pamphlet; affix it in the designated space above-left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Sections II, III, and IV below blank. If you did not receive a preprinted label, complete all sections. "Installation" means a single site where hazardous waste is generated, treated, stored, or disposed of. Please refer to the specific instructions for generators or facilities before completing this form. The information requested herein is required by law (Section 3002/3004 of the Resource Conservation and Recovery Act).			
<b>II. INSTALLATION'S EPA I.D. NUMBER</b>			
FLD990817249 1			
<b>III. NAME OF INSTALLATION</b>			
ILLINOIS TOOL WORKS INC.			
<b>IV. INSTALLATION MAILING ADDRESS</b>			
STREET OR P.O. BOX			
3 ST. CHARLES RD.			
CITY OR TOWN			
ELGIN			
ST. ZIP CODE			
IL 60120			
<b>V. LOCATION OF INSTALLATION</b>			
STREET OR ROUTE NUMBER			
5 ST. CHARLES RD.			
CITY OR TOWN			
ELGIN			
ST. ZIP CODE			
IL 60120			
<b>VI. INSTALLATION CONTACT</b>			
NAME (last and first)			
2 BROOKFIELD DONALD MNG. ORER.			
PHONE NO. (area code & no.)			
312-741-7900			
<b>VII. TRANSPORTATION SERVICES USED (for Part A reports only)</b>			
List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.			
BROWNING FERRIS INDUSTRIES ILD083076315			
<b>VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)</b>			
<b>A. COST ESTIMATE FOR FACILITY CLOSURE</b>			
<b>B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)</b>			
C			
\$			
IX. CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			
Craig Haseltine, Chemist		Craig L. Haseltine	
A. PRINT OR TYPE NAME		B. SIGNATURE	
		2-26-81	
		C. DATE SIGNED	

EPA Form 8700-13 (5-80)

PAGE 1 OF 2

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FEB 27 1981

WASTE MANAGEMENT BRANCH  
EPA, REGION V



GSA No. 12345-XX  
Form Approved OMB No. 158-R00XX

Please print or type with ELITE type (12 characters/inch).

FOR OFFICIAL USE ONLY (Items 1 and 2)		1. DATE RECEIVED	X. GENERATOR'S EPA I.D. NO.											
		2. TYPE OF REPORT	GIL0990817247											
XI. FACILITY'S EPA I.D. NO.			XIII. FACILITY ADDRESS (street or P.O. box, city, state, & zip code)											
ILP062414859			Davis Junction, Ill. 61020											
XII. FACILITY NAME (specify)														
Davis Junction - B.F.I.														
XIV. WASTE IDENTIFICATION														
LINE NUMBER	A. DESCRIPTION OF WASTE	B. DOT HAZARD CLASS	C. EPA HAZARDOUS WASTE NUMBER (see instructions)										D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)
1	Metal Hydroxide Sludge from electroplating waste treatment facility	15	F006										41	M
2	(Poisonous Solid, nos)													
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

XV. COMMENTS (enter information by line number - see instructions)



RECEIVED

MAR 16 1981

E.P.A. — D.L.P.C.  
STATE OF ILLINOIS

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS 265,  
TREATMENT, STORAGE, AND DISPOSAL FACILITIES  
Form 1 - General Facility Standards

I. General Information:

(A) Facility Name: ILLINOIS TOOL WORK - SHAKEPROOF - DIV.  
(B) Street: SAINT CHARLES ROAD  
(C) City: ELGIN (D) State: ILLINOIS (E) Zip Code: 60120  
(F) Phone: (312) 741-7900 (G) County: KANE  
(H) Operator: DON BROMFIELD - PRESIDENT FASTNERS MFG. DIV.  
(I) Street: SAINT CHARLES ROAD  
(J) City: ELGIN (K) State: ILLINOIS (L) Zip Code: 60120  
(M) Phone: (312) 741-7900 (N) County: KANE  
(O) Owner: ILLINOIS TOOL WORKS - SHAKEPROOF DIV.  
(P) Street: SAINT CHARLES ROAD  
(Q) City: ELGIN (R) State: ILLINOIS (S) Zip Code: 60120  
(T) Phone: (312) 741-7900 (U) County: KANE  
(V) Type of Ownership: ☐ Federal ☐ Municipal ☒ Private  
☐ State ☐ County  
(W) Date of Inspection: 1-21-81 (X) Time of Inspection (From) 9:00AM (to) 11:30AM  
(X) Weather Conditions: overcast 25° F



(Y) Person(s) Interviewed

Telephone

JIM FARREL

ENGINEER

(312) 741-7900

CRAIG HASELTINE

CHEMIST

(312) 741-7900

(Z) Inspection Participants

Title

Telephone

MARY SCHROEDER

EPS II

(312) 345-9780

## II. Description of Site Activity

(A) ☒ Generator (Form 2)

(B) ☐ Transporter (Form 3)

(C) ☒ Chemical, Physical  
and Biological Treatment (Form 4)

(D) ☐ Storage (Form 5)

(E) ☐ Landfill (Form 6)

(F) ☐ Incineration (Form 7)

(G) ☐ Land Treatment (Form 4)

(H) ☐ Thermal Treatment (Form 7)

(I) Comments: I.T.W. TREATS THEIR CYANIDE BEARING PLATING  
WASTE WITH HYPOCHLORITE AND LIME. THEY MAINTAIN  
A DISCHARGE TO THE ELGIN SANITARY DISTRICT. THE  
SLUDGE IS LANDFILLED AT OGLE COUNTY - DAVIS JCT/BFI

Supplemental forms (listed in Parathesis) must be completed for each activity inspected. Attach all Supplemental forms to this report.

Yes

No

Not  
Inspected

See Remark  
Number

(J) Has this facility  
Submitted a Part A  
Permit Application?

☒



265 Subpart B

25

No

Not  
InspectedSee Remark  
NumberA) Has the Regional Administrator  
been notified regarding:1. Receipt of hazardous  
waste from a foreign source?

N/A

2. Transfer of Ownership?

N/A

B) General Waste Analysis:

1. Has the owner<sup>or</sup> operator obtained  
a detailed chemical and  
physical analysis of the waste?

X

2. Does the owner<sup>or</sup> operator have a  
detailed waste analysis plan on file  
at the facility?

X

3. Does the waste analysis plan  
specify procedures for inspection  
and analysis of each movement of  
hazardous waste from off-site?

X

C) Security - Do security measures include:

1. 24-Hour Surveillance?

X

2. Artificial or Natural  
Barrier Around Facility?

X

3. Controlled Entry?

X

4. Danger Sign(s) at  
Entrance?

X

D) Do Owner<sup>or</sup> Operator Inspections  
Include:

1. Records of Malfunctions?

X

2. Records of Operator Error?

X

3. Records of Discharges?

X

4. Inspection Schedule?

X

5. Safety, Emergency Equipment?

X

6. Security Devices?

X

7. Operating and  
Structural Devices?

X

8. Inspection Log?

X



Yes

No

Not Inspected

See Remark Number

(E) Do Personnel Training Records Include:

1. Job Titles? \_\_\_\_\_ X \_\_\_\_\_

2. Description of Training? \_\_\_\_\_ X \_\_\_\_\_

3. Records of Training? \_\_\_\_\_ X \_\_\_\_\_

Is Personnel Training Completed within the Required Time Frame? X \_\_\_\_\_

(F) Are the Following Special Requirements for Ignitable, Reactive, or Incompatible Wastes Addressed?

1. Special Handling? X \_\_\_\_\_

2. No Smoking Signs? \_\_\_\_\_ N/A \_\_\_\_\_

3. Separation and Confinement? X \_\_\_\_\_

#### IV. PREPAREDNESS AND PREVENTION

(A) Maintenance and Operation of Facility:

1. Is there any evidence of fire, Explosion, or release of hazardous waste or hazardous waste constituent? \_\_\_\_\_ X \_\_\_\_\_

(B) Does the Facility have the Following Equipment:

1. Alarm System? X \_\_\_\_\_

2. Telephone or 2-Way Radios? X \_\_\_\_\_

3. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment? X \_\_\_\_\_

Indicate the volume of water and/or foam available for fire control;

Units: \_\_\_\_\_



	No	Not Inspected	See Remark Number
(C) Testing and Maintenance of Emergency Equipment:			
1. Has the Owner or Operator established Testing and Maintenance Procedures for Emergency Equipment?	<u>X</u>	<u>          </u>	<u>          </u>
2. Is Emergency Equipment Maintained in Operable Conditions?	<u>X</u>	<u>          </u>	<u>          </u>
(D) Has Owner <sup>or</sup> Operator Provided Immediate Access to Internal Alarms (if needed)?	<u>X</u>	<u>          </u>	<u>          </u>
(E) Is there Adequate Aisle Space for Unobstructed Movement?	<u>X</u>	<u>          </u>	<u>          </u>
(F) Are Arrangements with Local Authorities Included in the Operating Record?	<u>          </u>	<u>X</u>	<u>          </u>

#### VI. CONTINGENCY PLAN AND EMERGENCY PROCEDURES

(A) Does the Contingency Plan Contain the Following Information:

1. The actions facility personnel must take to comply with §264.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Counter-measures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part.)
2. Arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §264.37?

<u>          </u>	<u>X</u>	<u>          </u>	<u>          </u>
<u>          </u>	<u>X</u>	<u>          </u>	<u>          </u>



	Yes	No	Not Inspected	See Remark Number
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?	_____	<u>X</u>	_____	_____
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?	_____	<u>X</u>	_____	_____
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes.)	_____	<u>X</u>	_____	_____
(B) Are copies of Contingency Plan Available at Site and local Emergency Organizations?	_____	<u>X</u>	_____	_____
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	_____	<u>X</u>	_____	_____
2. Is Coordinator Familiar with all aspects of site operation and emergency procedures?	_____	<u>X</u>	_____	_____
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	_____	<u>X</u>	_____	_____
(D) Emergency Procedures				
If an Emergency Situation has occurred at this facility, has the Emergency Coordinator followed the Emergency procedures listed in 256.5a?	_____	_____	<u>N/A</u>	_____



# VII. MANIFEST SYSTEM, RECORD KEEPING, AND AUDITING

Yes	No	Not Inspected	See Remark Number
-----	----	---------------	-------------------

## (A) Use of Manifest System

1. Does the facility follow the procedures listed in §265.71 for processing each Manifest?

X

2. Are records of past shipments retained for 3 years?

X

(B) Does the owner or operator meet requirements regarding Manifest Discrepancies?

N/A

ARE AWARE OF THE REQUIREMENTS

## (C) Operating Record

Does the facility maintain an operating record at the site as required in §265.73?

X

(D) Availability, Retention and Disposition of Records

Are all records available at the site for inspection as required in §265.74?

X

# VIII. CLOSURE AND POST CLOSURE

## (A) Closure and Post Closure

1. Closure Plan Available for Inspection by May 19, 1981?

X

2. Has this plan been submitted to the Regional Administrator?

X

3. Has Closure begun?

X

4. Is closure cost estimate available by May 19, 1981?

X

(B) Post Closure Care and Use of Property  
- Has the Owner/Operator supplied a Post Closure Monitoring Plan (by May 19, 1981)?

N/A



ILD 990817249  
EPA IDENTIFICATION NUMBER

RECEIVED

MAR 16 1981

E.P.A. — D.L.P.C.  
STATE OF ILLINOIS

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS  
Form 2 - Generator Inspection

1. General Information:

- (A) Installation Name: ILLINOIS TOOL WORKS - SHAKEPROOF DIV.  
(B) Street: SAINT CHARLES ROAD  
(C) City: ELGIN (D) State: ILLINOIS (E) Zip Code: 60120  
(F) Phone: (312) 741-7900 (G) County: KANE
- (H) Operator: DON BROMFIELD - PRESIDENT FASTNERS DIV. MFG.  
(I) Street: SAINT CHARLES ROAD  
(J) City: ELGIN (K) State: ILLINOIS (L) Zip Code: 60120  
(M) Phone: (312) 741-7900 (N) County: KANE
- (O) Owner: ILLINOIS TOOL WORKS - SHAKEPROOF DIV.  
(P) Street: SAINT CHARLES ROAD  
(Q) City: ELGIN (R) State: ILLINOIS (S) Zip Code: 60120  
(T) Phone: (312) 741-7900 (U) County: KANE
- \_\_\_\_\_ Federal \_\_\_\_\_ Municipal X Private  
(V) Type of Ownership: \_\_\_\_\_ State \_\_\_\_\_ County
- (W) Date of Inspection: 1-21-81 Time of Inspection (From) 9:00AM (To) 11:30AM  
(X) Weather Conditions: overcast 25° F



(Y) Person(s) Interviewed

Title

Telephone

JIM FARREL

ENGINEER

(312) 741-7900

CRAIG HASELTINE

CHEMIST

(312) 741-7900

(Z) Inspection Participants

Title

Telephone

MARY SCHROEDER

EPS II

(312) 345-9780

II. OTHER TYPE OF HAZARDOUS WASTE ACTIVITY

(A)        Transporter (Form 3)

(B) X Chemical, Physical and  
Biological Treatment (Form 4)

(C)        Storage (Form 5)

(D)        Landfill (Form 6)

(E)        Incineration (Form 7)

(F)        Thermal Treatment (Form 7)

(G) Comments: ITW. TREATS THEIR CYANIDE BEARING PLATING  
WASTE WITH HYPOCHLORITE AND LIME. THEY MAINTAIN  
A DISCHARGE TO THE ELGIN SANITARY DISTRICT.  
THE SLUDGE IS LANDFILLED AT OGLE COUNTY-DAVIS JCT  
BFI.

Supplemental forms (Listed in Parathesis) must be completed for each activity inspected. Attach all Supplemental forms to this report.



### III. MANIFEST

	Yes	No	Not Inspected	See Remark Number
(A) Are copies of the Manifest available?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
(B) Does the Manifest contain the following information:				
1. Manifest document number?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
2. Name, mailing address, telephone number, and EPA ID Number of Generator?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
3. Name and EPA ID Number of Transporter(s)?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
4. Name, Address, and EPA ID Number of Designated permitted facility and alternate facility?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
6. The total quantity of waste(s) and the type and number of containers loaded?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
7. Required Certification?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
8. Required Signatures?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
(C) Does the Owner or Operator Submit Exception Reports when Needed?	<u>      </u>	<u>      </u>	<u>N/A</u>	<u>ARE AWARE OF REQUIREMENT</u>

### IV. PRE-TRANSPORT REQUIREMENTS

(A) Is Generator Packaging waste in accordance with DOT Regulations?	<u>X</u>	<u>      </u>	<u>      </u>	<u>      </u>
(B) Are waste packages marked and labeled in accordance with DOT Regulations concerning hazardous waste materials?	<u>      </u>	<u>X</u>	<u>      </u>	<u>      </u>
(C) If required, are placards available to transporter?	<u>      </u>	<u>X</u>	<u>      </u>	<u>      </u>



Yes

No

Not  
InspectedSee Remark  
Number

## (D) Pre-shipment Accumulation:

1. Are containers marked with start of accumulation date? X
2. Are the containers of hazardous waste removed from installation before they can accumulate for more than 90 days? X
3. Are wastes stored in containers managed in accordance with 40 CFR Part 265.174 and 265.176 (weekly inspections of containers, containers holding ignitable or reactive wastes located at least 15 meters (50 Feet) from facility's property line)? X
4. Are wastes stored in tanks managed according to the following:
  - a. Are tanks used to store only those wastes which will not cause corrosion leakage or premature failure of the tank? X
  - b. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures? X
  - c. Do continuous feed systems have a waste-feed cutoff? X
  - d. Are required daily and weekly inspections done? X
  - e. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements?) X
  - f. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply) X



- b. Is emergency equipment  
Maintained in Operable  
Condition?

PERSONNEL  
ARE TRAINED  
BUT NO  
TRAINING  
RECORDS.



	Yes	No	Not Inspected	See Remark Number
--	-----	----	---------------	-------------------

4. Has Owner/Operator Provided Immediate Access to Internal Alarms (if needed)?

X

5. Is there adequate Aisle Space for unobstructed Movement?

X

6. Are arrangements with local authorities included in the operating record?

X

### (C) Contingency Plan and Emergency Procedure

1. Does the contingency plan contain the following:

a. The actions facility personnel must take to comply with §264.51 and 261.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part)

X

b. Arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §264.37?

X

c. Names, addresses, and Phone numbers (office and Home) of all persons qualified to act as emergency coordinator.

X

d. A list of all emergency equipment at the facility which include the location and physical description of each item on the list, and a brief outline of its capabilities?

X

e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes.

X



	Yes	No	Not Inspected	See Remark Number
2. Are copies of the Contingency Plan available at site and local Emergency Organizations?	_____	<u>X</u>	_____	_____
3. Emergency Coordinator				
a. Is the Facility Emergency Coordinator Identified?	_____	<u>X</u>	_____	_____
b. Is Coordinator Familiar with all aspects of site operation and Emergency Procedures?	_____	<u>X</u>	_____	_____
c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	_____	<u>X</u>	_____	_____
4. Emergency Procedures				
If an Emergency Situation has occurred at this facility; has the Emergency Coordinator followed the Emergency Procedures listed in §256.56?	_____	_____	<u>N/A</u>	_____

#### V. RECORDKEEPING

- (A) Are Manifests, Annual Reports, Exception Reports, and All Test Results and Analyses Retained for at least three years?

X

#### VI. INTERNATIONAL SHIPMENTS

- (A) Has the Installation Imported or Exported Hazardous Waste?

X

(If A was answered Yes, then complete one or both of the following)

1. Exporting Hazardous waste, has a generator:
  - a. Notified the Administrator in writing?
  - b. Obtained the Signature of the foreign consignee confirming delivery of the waste(s) in the foreign country?



Yes

No

Not  
InspectedSee Remark  
Number

c. Met the Manifest requirements? \_\_\_\_\_

2. Importing Hazardous Waste,  
has the generator:

a. Met the manifest requirements? \_\_\_\_\_

VII. PREPARER INFORMATIONName: MARY SCHROEDERTitle: ENVIRONMENTAL PROTECTION SPECIALIST IIPhone Number: (312) 345-9780REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



RCRA INSPECTION REPORT INTERIM STATUS STANDARDS  
TREATMENT, STORAGE, AND DISPOSAL FACILITIES  
Form 4 - Chemical, Physical and Biological Treatment/Land Treatment  
265.400 265.510

I. General Information

(A) Facility Name: ILLINOIS TOOL WORKS - SHAKEPROOF DIVISION  
(B) Street: SAINT CHARLES ROAD  
(C) City: ELGIN (D) State: ILLINOIS (E) Zip Code: 60120  
(F) Phone: (312) 741-7900 (G) County: KANE

RECEIVED

MAR 16 1981

E.P.A. — D.L.P.C.  
STATE OF ILLINOIS

II. Chemical, Physical and Biological Treatment (Subpart Q)

	Yes	No	Not Inspected	See Remark Number
1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure?	X			
2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system)?	X			
3. Has the owner or operator addressed the waste analysis requirements of 265.402?	X			
4. Are inspection procedures followed according to 265.403?	X			
5. Are the special requirements fulfilled for ignitable or reactive wastes?	X			
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.)		X		



### III. Land Treatment (Subpart H)

	Yes	No	Not Inspected	See Remark Number
1. Is hazardous waste capable of biological or chemical degradation?			N/A	
2. Are run-off and run-on diverted from the facility or collected (Effective date: November 19, 1981)?			N/A	
3. Is waste analysis according to 265.273?			N/A	
4. If food chain crops are grown at the facility, has the owner or operator addressed the requirements of 265.276?			N/A	
5. Is an unsaturated zone monitoring plan designed and implemented to detect the vertical migration of hazardous waste and provide information on the background concentrations of the hazardous waste available?			N/A	
6. Does the unsaturated zone monitoring plan address the minimum information specified in 265.278?			N/A	
7. Are records kept regarding application dates and rates, quantities, and location of all hazardous waste placed in the facility?			N/A	
8. Are the special requirements fulfilled regarding land treatment of ignitable or reactive wastes?			N/A	
9. Are incompatible wastes land treated? (If yes, 265.17(b) applies.)			N/A	

reaction, fire, gas etc



L P C F C O 5 5 C  
(1) (8) (9)

## OBSERVATION REPORT - SITE INVENTORY NO. 05943804

CO. - L.P.C.

Region # N

Date 01/21/81

(20) (25)

Letter Sent (Yes or No) N

(26)

(Location)

(Responsible Party)

Samples Taken: Yes ( ) No (X) Time: From 09:00 a.m.

Ground Water ( ) Surface ( ) Other ( ) To 11:00 a.m.

Photos Taken: Yes ( ) No (X) Interviewed J. FARREL

Inspector M W S

(27) (29)

Previous Inspection

Previous Correspondence

Site Open: Yes (X) No ( )

## OPERATIONAL STATUS:

## TYPE OF OPERATION:

## AUTHORIZATION:

Operating (X)

Landfill ( )

Storage ( )

E.P.A. Permit ( )

Temporarily Closed ( )

Random Dump ( )

Salvage ( )

Variance ( )

Closed Not Covered ( )

Other (X)

A.C.D. ( )

21(e) ( )

Closed and Covered ( )

Quantity Received Daily (1-6) 1

Board Order ( ) N/A

Illegal (5) ( )

(31)

IMPROVED

SAME

MAR 16 1981

LPC 4 1/79 5,000

DETERIORATED

E.P.A. - D.L.P.C.  
STATE OF ILLINOIS

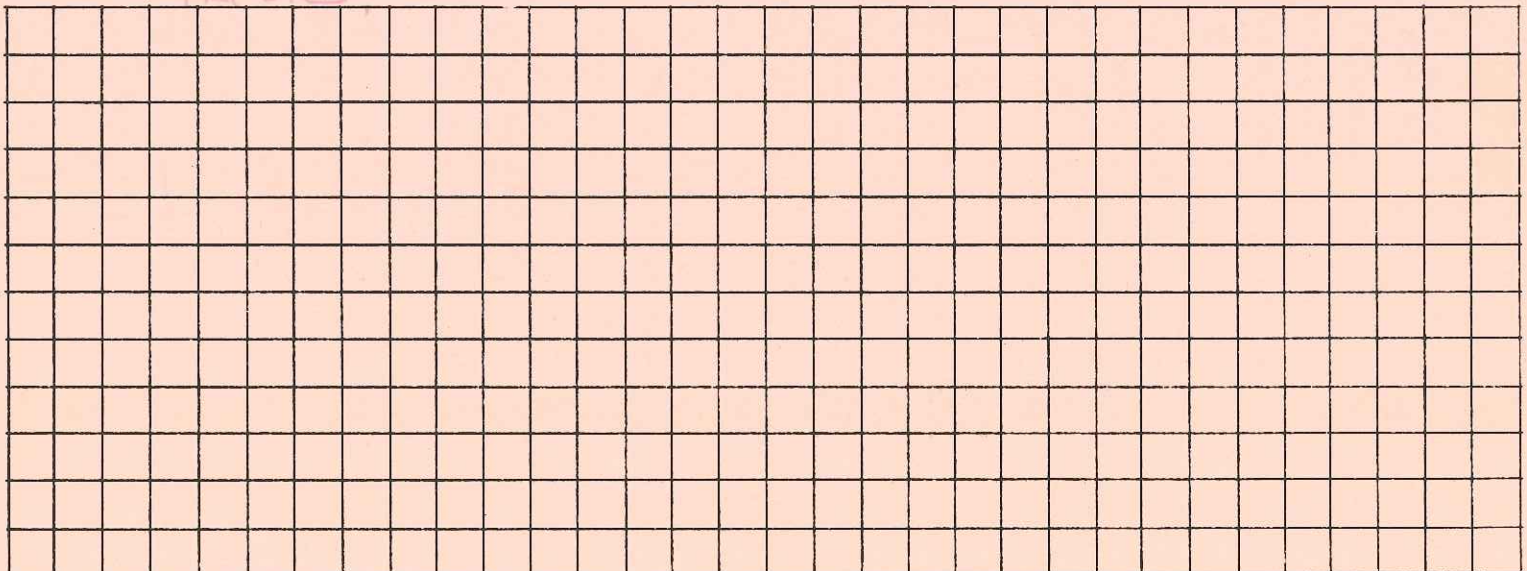
I S or D S

(62)

GENERAL REMARKS: ILLINOIS TOOL WORKS GENERATES A CYANIDE BEARING PLATING WASTE. THIS WASTE IS TREATED WITH HYPOCHLORITE AND THEN LIME. ILLINOIS TOOL WORKS MAINTAINS A DISCHARGE TO THE EGIN SANITARY DISTRICT. A TELEPHONE CONVERSATION WITH THE SANITARY DISTRICT REVEALED THAT THERE HAVE BEEN NO RECENT PROBLEMS WITH THE ILLINOIS TOOL WORKS DISCHARGE. THE SLUDGE GENERATED AT ITW, IS LANDFILLED AT COLE COUNTY

INTERVIEW: DAVIS JUNCTION/BET UTILIZING THE IEPA SUPPLEMENTAL PERMIT AND MANIFEST SYSTEM. ITW, APPEARS TO BE IN COMPLIANCE WITH THE IEPA PROGRAM. THEY ARE NOT IN COMPLIANCE WITH RCRA IN THE FOLLOWING AREAS: 1) WASTE PACKAGES MARKING AND LABELLING, 2) PERSONNEL TRAINING RECORDS, 3) CONTINGENCY PLAN, 4) WASTE ANALYSIS PLAN, 5) DANGER SIGNS, 6) INSPECTION SCHEDULE, 7) OPERATING

DIAGRAM: RECORD





FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION (Read the "General Instructions" before starting.)		PA I.D. NUMBER FILED 990817249	
I. EPA I.D. NUMBER		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
III. FACILITY NAME				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS		MARK 'X'	
YES	NO	FORM ATTACHED	YES	NO	FORM ATTACHED		
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)				B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			
	X			X			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
	X			X			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)				F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			
X		X		X			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)				H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			
	X			X			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)				J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			
	X			X			

III. NAME OF FACILITY	
1	ILLINOIS TOOL WORKS - SHAKEPROOF DIVISION

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title)	
2 THOMAS WILLIAM FINISHING SUPV	
B. PHONE (area code & no.)	
312 741 7900	

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX	
3 ST. CHARLES ROAD	
B. CITY OR TOWN	
4 ELGIN	
C. STATE	
D. ZIP CODE	

VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	
5 ST. CHARLES ROAD	
B. COUNTY NAME	
KANE	
C. CITY OR TOWN	
6 ELGIN	
D. STATE	
E. ZIP CODE	
F. COUNTY CODE (if known)	



7	3	4	5	2	Bolts, Nuts, Screws, Rivets & Washers	7	(specify)
15	16	17	18	19	20	21	22
C. THIRD						D. FOURTH	
7	(specify)				7	(specify)	
15	16	17	18	19	20	21	22

## VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?				
ILLINOIS TOOL WORKS - SHAKEPROOF DIVISION															<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29					

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)															D. PHONE (area code & no.)									
F = FEDERAL      M = PUBLIC (other than federal or state) S = STATE        O = OTHER (specify)															P (specify)									
P															3 1 2 7 4 1 7 9 0 0									
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29										

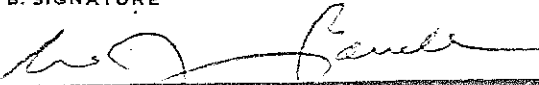
E. STREET OR P.O. BOX																														
ST CHARLES ROAD																														
25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55

F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND										
B ELGIN															I L					6 0 1 2 0					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO										
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

X. EXISTING ENVIRONMENTAL PERMITS																																			
A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)																				
9 N															9 P																				
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)																				
9 U															SEE ATTACHED SHEET																				
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
C. RCRA (Hazardous Wastes)															E. OTHER (specify)																				
9 R															(specify)																				
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50

XI. MAP																																																						
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.																																																						

XII. NATURE OF BUSINESS (provide a brief description)																																																						
MANUFACTURE AND PLATING OF INDUSTRIAL FASTENERS																																																						

XIII. CERTIFICATION (see instructions)																																																						
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.																																																						
A. NAME & OFFICIAL TITLE (type or print)																														B. SIGNATURE															C. DATE SIGNED									
W. J. Farrell, Vice President																																													11/13/80									
COMMENTS FOR OFFICIAL USE ONLY																																																						
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>																																																						
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55														



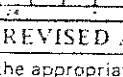
VIII. OPERATOR INFORMATION	
15	16
7	
(Specify)	
C. THIRD	
15	16
7	
(Specify)	
BOLTS, NUTS, SCREWS, RIVETS & WASHERS	
15	16
7	
(Specify)	
D. FOURTH	
15	16
7	
(Specify)	

EPA FROM 1 - GENERAL

ITEM X: EXISTING ENVIRONMENTAL PERMITS

<u>Permit No.</u>	<u>Issued By</u>	<u>Description</u>
780112	Illinois EPA	Disposal of Metal Hydroxide (Treatment Plant) Sludge
781449	Illinois EPA	Disposal of Spent Cyanide Solutions
790891	Illinois EPA	Disposal of Spent Oils and Solvents (Subject to Renewal)





**HAZARDOUS WASTE PERMIT APPLICATION**  
Consolidated Permit Program

1. DATED: 11/19/90

2. DATED: 11/19/90

**FOR OFFICIAL USE ONLY**

APPLICATION DATE RECEIVED: 11/19/90

APPROVED: 11/19/90

COMMENTS:

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

**FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)**

YR.	MO.	DAY
8	5	4
73	74	75
76	77	78

☐ **2. NEW FACILITY** (Complete item below.)

**FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN**

YR.	MO.	DAY
73	74	75
76	77	78

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

☐ **1. FACILITY HAS INTERIM STATUS**

☐ **2. FACILITY HAS A RCRA PERMIT**

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

**1. AMOUNT** - Enter the amount.

**2. UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
<b>Disposal:</b>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

**OTHER** (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Treatment:</b>		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

A. PROCESS CODE (from list above)		B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	
1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	1. AMOUNT	2. UNIT OF MEASURE (enter code)		
200	G	400	G		
20	E				
45000	E				
3600	E				



Continued from the front.

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Line Number	A. Process Code	B. Process Design Capacity		C. Description
		1. Amount	2. Unit of Measure	
3.	TO4	4800	E	Filter Press
4.	TO4	30	U	Sodium Cyanide Drum Cleaning

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	



Continued from page 2.  
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY									
W I L D 9 9 0 8 1 7 2 4 9															W DUP									
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15															1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES											
	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))									
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
1	K	0	6	2	274,000	T	T	0	1	T	0	4						
2	F	0	0	9	440,000	T	T	0	1	T	0	4						
3	D	0	0	7	130,000	T	T	0	1	T	0	4						
4	P	1	0	6	45	T	T	0	4	T	0	1	T	0	4			Sodium Cyanide Drum Cleaning WW to Treatment Plant
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
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17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		



A. FACILITY DRAWING (see page

Continued from the front.

## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)												
S											T/A	C
F	I	L	D	9	9	0	8	1	7	2	4	6

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
4	2	0	0	3	7					8	8	1	6	0	0				
65	66	67	68	69	70					72	73	74	75	76	77	78			

### VIII. FACILITY OWNER

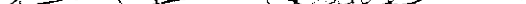
- ☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)																			
Illinois Tool Works Inc.															3 1 2 - 6 9 3 - 3 0 4 0																			
3. STREET OR P.O. BOX															4. CITY OR TOWN										5. ST.					6. ZIP CODE				
8501 W. Higgins Road															Chicago										I L					6 0 6 3 1				

## IX. OWNER CERTIFICATION

**IX. OWNER CERTIFICATION**  
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)  W. J. Farrell, Vice President	B. SIGNATURE 	C. DATE SIGNED  11/13/80
--	--	--------------------------------

### X. OPERATOR CERTIFICATION

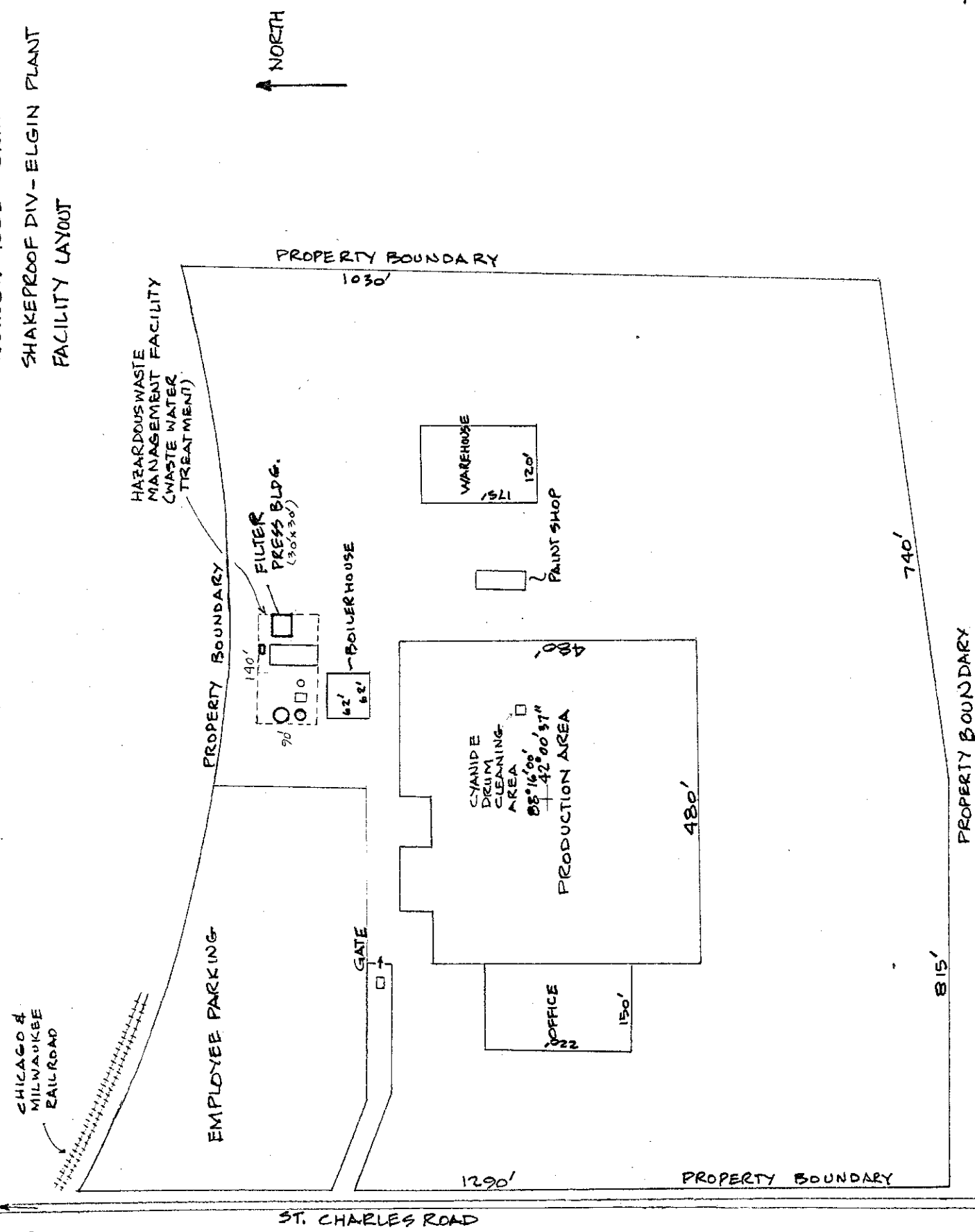
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
-------------------------	--------------	----------------



103

ILLINOIS TOOL WORKS  
SHAKEPROOF DIV - ELGIN PLANT  
FACILITY LAYOUT





FORM 1 GENERAL		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F I L D 9 9 0 8 1 7 2 4 9	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any on the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					

## II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

## III. NAME OF FACILITY

1	SKIP	ILLINOIS TOOL WORKS - SHAKEPROOF DIVISION
---	------	---

## IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)		
2	THOMAS WILLIAM FINISHING SUPV	312	741	7900

## V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN	C. STATE	D. ZIP CODE
3	ST CHARLES ROAD	4	ELGIN	5

## VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	ST CHARLES ROAD	6	ELGIN	IL	60120	039

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7 3 4 5 2 (specify) Bolts, Nuts, Screws, Rivets & Washers										7 (specify)									
C. THIRD										D. FOURTH									
7 (specify)										7 (specify)									

## VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed in Item VIII-A also the owner?				
8 ILLINOIS TOOL WORKS - SHAKEPROOF DIVISION																									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																									D. PHONE (area code & no.)				
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)					3 1 2 7 4 1 7 9 0 0				
E. STREET OR P.O. BOX																													
ST CHARLES ROAD																													
F. CITY OR TOWN															G. STATE					H. ZIP CODE					IX. INDIAN LAND				
B ELGIN															I L					6 0 1 2 0					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)																			
9 N										9 P																			
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)																			
9 U										9										(specify)									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)										(specify)									
9 R										9										(specify)									

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE AND PLATING OF INDUSTRIAL FASTENERS

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
W. J. Farrell, Vice President																				11/13/80									

## COMMENTS FOR OFFICIAL USE ONLY

C																								
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FORM <b>3</b> RCRA		HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			FILED 990817249											

FOR OFFICIAL USE ONLY														
APPLICATION APPROVED					DATE RECEIVED (yr., mo., & day)					COMMENTS				

### II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)														
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)														
<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)														
FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN														
C YR. MO. DAY														
8 54 09 01														

B. REVISED APPLICATION (place an "X" below and complete Item I above)														
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS														
<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT														

### III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS		T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S T/A C														
C DUP 1														
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15														
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY					
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)						
X-1	S 0 2	600	G		5	T01	1,166,400	U						
X-2	T 0 3	20	E		6		(see over)							
1	T01	45000	E		7									
2	T01	3600	E		8									
3		See Page 2			9									
4		See Page 2			10									

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR INCLUDE DESIGN CAPACITY.

R DESCRIBING OTHER PROCESSES (code "T04

FOR EACH PROCESS ENTERED HERE

Line Number	A. Process Code	B. Process Design Capacity		C. Description
		1. Amount	2. Unit of Measure	
3.	TO4	<del>4800</del> 115200	DU	Filter Press
4.	TO4	30	U	Sodium Cyanide Drum Cleaning

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE      CODE  
POUNDS. . . . . P  
TONS. . . . . T

METRIC UNIT OF MEASURE      CODE  
KILOGRAMS. . . . . K  
METRIC TONS. . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES									
							1. PROCESS CODES (enter)					2. PROCESS DESCRIPTION (if a code is not entered in D(1))				
X-1	K	0	5	4	900	P	T	0	3	D	8	0				
X-2	D	0	0	2	400	P	T	0	3	D	8	0				
X-3	D	0	0	1	100	P	T	0	3	D	8	0				
X-4	D	0	0	2												included with above

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\_\_\_\_\_  
/

## EPA Form 3510-3 (6-80) CONTINUE ON REVERSE

## IV. DESCRIPTION OF HAZARDOUS WASTE

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE ...

EPA I.D. NO. (enter from page 1)

F	I	L	D	9	9	0	8	1	7	2	4	9	T/A	C
														6

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

LONGITUDE (degrees, minutes, &amp; seconds)

4	2	0	0	3	7
65	66	67	68	69	71

8	8	1	6	0	0
72	74	75	76	77	79

## VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

E	Illinois Tool Works Inc.
---	--------------------------

3	1	2	-	6	9	3	-	3	0	4	0
55	56	58	59	61	62	63	64	65	66	67	68

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F	8501 W. Higgins Road
---	----------------------

G	Chicago
---	---------

I	L
---	---

6	0	6	3	1
47	48	49	50	51

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

W. J. Farrell, Vice President



11/13/80

## X. OPERATOR CERTIFICATION

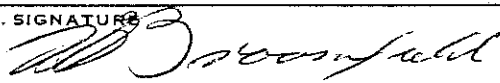
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

D. J. Broomfield, Operations Manager



14 Nov 80

EPA FROM 1 - GENERALITEM X: EXISTING ENVIRONMENTAL PERMITS

<u>Permit No.</u>	<u>Issued By</u>	<u>Description</u>
780112	Illinois EPA	Disposal of Metal Hydroxide (Treatment Plant) Sludge
781449	Illinois EPA	Disposal of Spent Cyanide Solutions
790891	Illinois EPA	Disposal of Spent Oils and Solvents (Subject to Renewal)



FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER F I L D 9 9 0 8 1 7 2 4 9	
II. POLLUTANT CHARACTERISTICS		III. NAME OF FACILITY 1 SKIP ILLINOIS TOOL WORKS - SHAKEPROOF DIVISION		IV. FACILITY CONTACT 2 THOMAS WILLIAM FINISHING SUPV 312 741 7900	
V. FACILITY MAILING ADDRESS 3 ST CHARLES ROAD 4 ELGIN		VI. FACILITY LOCATION 5 ST CHARLES ROAD KANE 6 ELGIN		F. COUNTY CODE (if known)	
A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	
D. ZIP CODE		E. ZIP CODE		F. COUNTY CODE (if known)	
G. CITY OR TOWN		H. STATE		I. ZIP CODE	
J. COUNTY CODE (if known)		K. COUNTY CODE (if known)		L. COUNTY CODE (if known)	

**GENERAL INSTRUCTIONS**  
If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**PLEASE PLACE LABEL IN THIS SPACE**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND																			
C	7	3	4	5	2	(specify)	Bolts, Nuts, Screws, Rivets & Washers					C	7					(specify)											
15	16	17	18	19											15	16	17	18	19										
C. THIRD										D. FOURTH																			
C	7					(specify)						C	7					(specify)											
15	16	17	18	19											15	16	17	18	19										

## VIII. OPERATOR INFORMATION

A. NAME																																																												B. Is the name listed in Item VIII-A also the owner?									
C	8	I	L	L	I	N	O	I	S	T	O	O	L	W	O	R	K	S	-	S	H	A	K	E	P	R	O	O	F	D	I	V	I	S	I	O	N											<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																					
15	16																																													55																							
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																																																							D. PHONE (area code & no.)														
F = FEDERAL S = STATE P = PRIVATE															M = PUBLIC (other than federal or state) O = OTHER (specify)															P	(specify)	C	A	3	1	2	7	4	1	7	9	0	0																										
																														56		15	16	17	18	19	20	21	22	23	24	25																											

E. STREET OR P.O. BOX																																																											
ST CHARLES ROAD																																																											
26																																													55														
F. CITY OR TOWN																																								G. STATE					H. ZIP CODE					IX. INDIAN LAND									
C	B	E	L	G	I	N																																		I	L	6	0	1	2	0	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO												
15	16																																		40	41	42	43	44	45	46	47	48	49	50	51													

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)																														D. PSD (Air Emissions from Proposed Sources)																															
C	9	N																												C	9	P																													
15	16	17	18																												15	16	17	18																											
B. UIC (Underground Injection of Fluids)																														E. OTHER (specify)																															
C	9	U																												C	9																														
15	16	17	18																												15	16	17	18																											
C. RCRA (Hazardous Wastes)																														E. OTHER (specify)																															
C	9	R																												C	9																														
15	16	17	18																												15	16	17	18																											

## XI. MAP


Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURE AND PLATING OF INDUSTRIAL FASTENERS

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																																								B. SIGNATURE																				C. DATE SIGNED									
W. J. Farrell, Vice President																																																												11/13/80									

## COMMENTS FOR OFFICIAL USE ONLY

C																																																								55
C																																																								55

FORM 3 RCRA		ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)		I. EPA I.D. NUMBER F I L D 9 9 0 8 1 7 2 4 9																																																																									
FOR OFFICIAL USE ONLY				COMMENTS																																																																									
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)																																																																											
23		24		29																																																																									
II. FIRST OR REVISED APPLICATION																																																																													
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.																																																																													
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)																																																																													
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)																																																																													
<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)																																																																													
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)																																																																													
YR. MO. DAY																																																																													
8 5 4 0 9 0 1																																																																													
B. REVISED APPLICATION (place an "X" below and complete Item I above)																																																																													
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS																																																																													
<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT																																																																													
III. PROCESSES - CODES AND DESIGN CAPACITIES																																																																													
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).																																																																													
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.																																																																													
1. AMOUNT - Enter the amount.																																																																													
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.																																																																													
<table border="1"><thead><tr><th>PROCESS</th><th>PROCESS CODE</th><th>APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th><th>PROCESS</th><th>PROCESS CODE</th><th>APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY</th></tr></thead><tbody><tr><td>Storage:</td><td></td><td></td><td>Treatment:</td><td></td><td></td></tr><tr><td>CONTAINER (barrel, drum, etc.)</td><td>S01</td><td>GALLONS OR LITERS</td><td>TANK</td><td>T01</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>TANK</td><td>S02</td><td>GALLONS OR LITERS</td><td>SURFACE IMPOUNDMENT</td><td>T02</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>WASTE PILE</td><td>S03</td><td>CUBIC YARDS OR CUBIC METERS</td><td>INCINERATOR</td><td>T03</td><td>TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR</td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>S04</td><td>GALLONS OR LITERS</td><td>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)</td><td>T04</td><td>GALLONS PER DAY OR LITERS PER DAY</td></tr><tr><td>Disposal:</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>INJECTION WELL</td><td>D79</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr><tr><td>LANDFILL</td><td>D80</td><td>ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER</td><td></td><td></td><td></td></tr><tr><td>LAND APPLICATION</td><td>D81</td><td>ACRES OR HECTARES</td><td></td><td></td><td></td></tr><tr><td>OCEAN DISPOSAL</td><td>D82</td><td>GALLONS PER DAY OR LITERS PER DAY</td><td></td><td></td><td></td></tr><tr><td>SURFACE IMPOUNDMENT</td><td>D83</td><td>GALLONS OR LITERS</td><td></td><td></td><td></td></tr></tbody></table>						PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	Storage:			Treatment:			CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY	TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY	WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR	SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY	Disposal:						INJECTION WELL	D79	GALLONS OR LITERS				LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER				LAND APPLICATION	D81	ACRES OR HECTARES				OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY				SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
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EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.																																																																													
S C T/A C 1																																																																													
1 2 13 14 15																																																																													
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2	T 0 1	3600	E	8																																																																									
3		See Page 2		9																																																																									
4		See Page 2		10																																																																									
16 18 19 27 28 29 32																																																																													

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Line Number	A. Process Code	B. Process Design Capacity		C. Description
		1. Amount	2. Unit of Measure	
3.	TO4	4800	E	Filter Press
4.	TO4	30	U	Sodium Cyanide Drum Cleaning

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS.....	P	KILOGRAMS.....	K
TONS.....	T	METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES							
							1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))			
X-1	K	0	5	4	900	P	T	0	3	D	8	0		
X-2	D	0	0	2	400	P	T	0	3	D	8	0		
X-3	D	0	0	1	100	P	T	0	3	D	8	0		
X-4	D	0	0	2										included with above

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY																			
W I L D 9 9 0 8 1 7 2 4 9															W DUP																			
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15															1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26																			
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																		
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)					B. ESTIMATED ANNUAL QUANTITY OF WASTE					C. UNIT OF MEASURE (enter code)	D. PROCESSES																						
												1. PROCESS CODES (enter)										2. PROCESS DESCRIPTION (if a code is not entered in D(1))												
1	K	0	6	2	274,000					T	T	0	1	T	0	4																		
2	F	0	0	9	440,000					T	T	0	1	T	0	4																		
3	D	0	0	7	130,000					T	T	0	1	T	0	4																		
4	P	1	0	6	45					T	T	0	4	T	0	1	T	0	4	Sodium Cyanide Drum Cleaning					WW to Treatment Plant									
5																																		
6																																		
7																																		
8																																		
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## IV. DESCRIPTION OF HAZARDOUS WASTES

(continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F I L D 9 9 0 8 1 7 2 4 9

T/A C  
6

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

4 2 0 0 3 7

LONGITUDE (degrees, minutes, &amp; seconds)

8 8 1 6 0 0

## VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

Illinois Tool Works Inc.

3 1 2 - 6 9 3 - 3 0 4 0

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

8501 W. Higgins Road

Chicago

I L

6 0 6 3 1

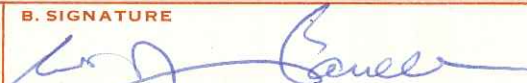
## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

W. J. Farrell, Vice President

B. SIGNATURE



C. DATE SIGNED

11/13/80

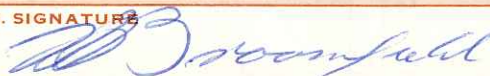
## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

D. J. Broomfield, Operations Manager

B. SIGNATURE



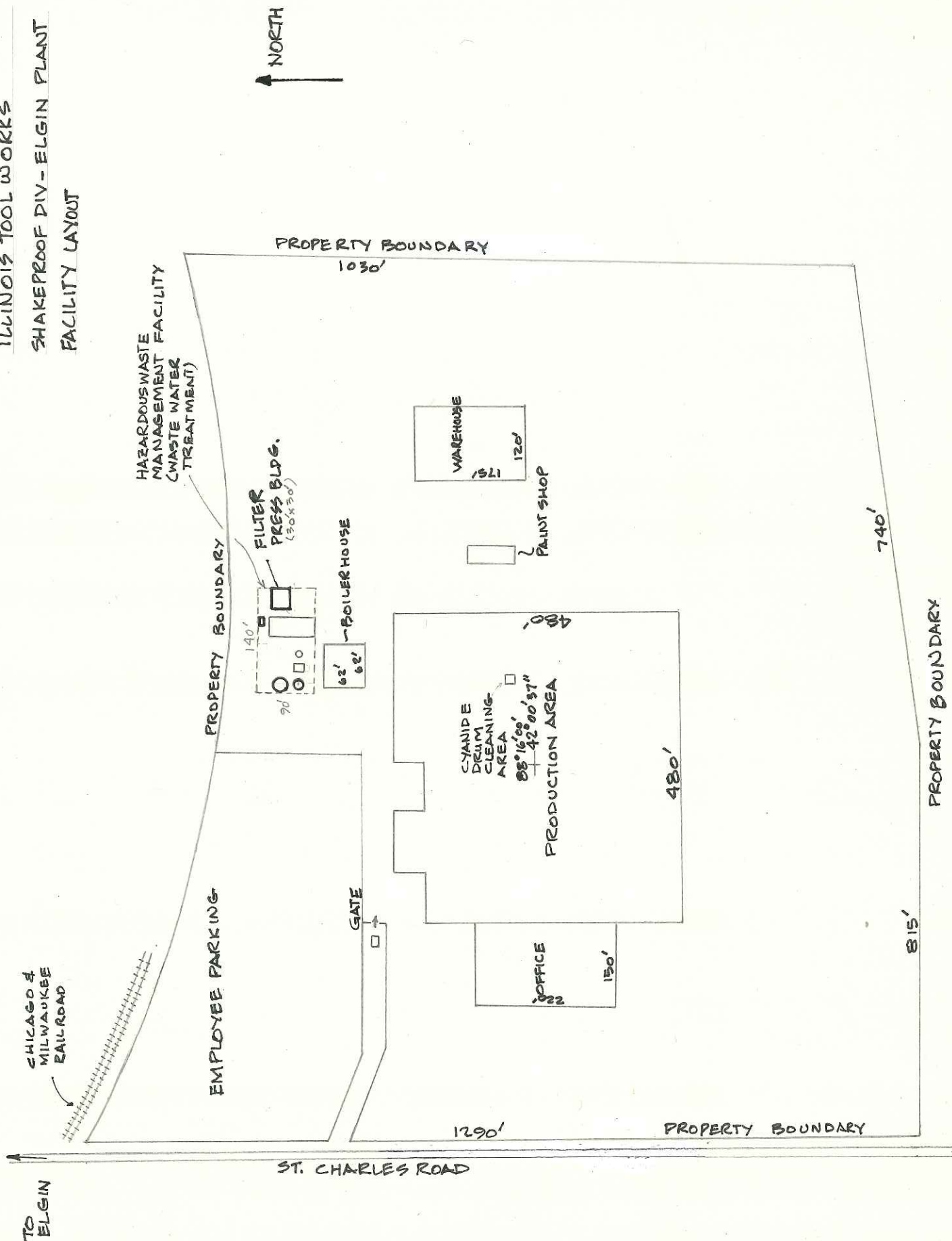
C. DATE SIGNED

14 Nov 80

## V. FACILITY DRAWING (see page 4)

103

ILLINOIS TOOL WORKS

SHAKEPROOF DIV - ELGIN PLANT  
FACILITY LAYOUT



Part A Review - Qualification for Interim Status

I. General Information

Facility Name Illinois Tool Work - Shakeproof Div

ID# 11D990817249

Reviewer Tong

Review Completion due date DEC 10 1981

Date of submission of notification \_\_\_\_\_

deadline date N/A

Date of submission of Part A \_\_\_\_\_

deadline date \_\_\_\_\_

Was the facility in existence before November 19, 1980 \_\_\_\_\_

☐ Core Items missing

☐ Non Core Item Missing

II. Facility Description

A. Type of Facility:

☐ on-site

☐ off-site

B. Classification

\_\_\_\_\_ Late Notification only

\_\_\_\_\_ Late Part A only

\_\_\_\_\_ Late Part A and Late Notification

\_\_\_\_\_ Non-Notifier

\_\_\_\_\_ Non-Notifier and Late Part A

C. Action

\_\_\_\_\_ Qualifies for Interim Status

\_\_\_\_\_ Refer to Enforcement

\_\_\_\_\_ Non-regulated, explain

Generation of HW sludge from  
wastewater treatment work only.

Exempted by Nov 17, 1980 F.R. for treatment  
of wastewater in tanks prior to discharge in POTW.

Call  
TOI units

WWTU



## III. Facility History

A.\* The circumstances surrounding the failure of the owner or operator to:

1. notify or notify on time

- ☐ a. not aware that waste was hazardous
- ☐ b. test results came back late
- ☐ c. at first thought the waste was non-hazardous later results said it was hazardous
- ☐ d. could not understand regulations
- ☐ e. lost in mail
- ☐ f. small quantity generator that lost his/her exemption due to increase in waste quantity
- ☐ g. did not think it was required if Part A sent in
- ☐ h. underwent change in ownership.
- ☐ i. change in regulations
- ☐ j. Other \_\_\_\_\_

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---

- ☐ k. Comments \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

2. submit Part A on time.

- ☐ a. could not understand regulations

\* Complete this part by checking the written file information only-  
NO phone memos accepted.



- \_\_\_\_\_ b. expected to be able to store for less than 90 days but had problems disposing of wastes, and needed to store longer than 90 days
- \_\_\_\_\_ c. underwent a change in ownership
- \_\_\_\_\_ d. lost in the mail
- \_\_\_\_\_ e. contemplating closure of facility
- \_\_\_\_\_ f. had trouble filling out the form, or gathering the required information.
- \_\_\_\_\_ g. change in regulations
- \_\_\_\_\_ h. other \_\_\_\_\_

\_\_\_\_\_ i. Comments \_\_\_\_\_

B. 1. Has there been an inspection of the facility by either State or Federal inspectors? \_\_\_\_\_

date \_\_\_\_\_ Agency \_\_\_\_\_

2. If so, was the facility in compliance with 40 CFR Part 265 \_\_\_\_\_  
(if no answer below).

- \_\_\_\_\_ a. the violations were administrative in nature
- \_\_\_\_\_ b. the violations were environmental in nature

TO THE PRESIDENT OF THE UNITED STATES  
FROM THE SECRETARY OF THE ARMY

3. a. List of violations: \_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

b. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(add additional pages if needed)

4. Will the facility's continued operation be a benefit to the environment?

- ☐ a. it will help alleviate regional shortage of treatment, storage, or disposal capacity
- ☐ b. damage to the environment is negligible or non-existent
- ☐ c. it will not benefit the environment



d. other, explain: \_\_\_\_\_

5. Did the facility gain unfair advantage over its competitors by its non-compliance? \_\_\_\_\_

IV. Recommendations on facility's status: \_\_\_\_\_

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---

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---

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IL D9908172<sup>249</sup>9

City Name Illinois Tool Works

☐ ACKNOWLEDGEMENT SENT

Owner Tong

INTERNAL CHECKLIST

Review Started 12/10/81

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

D. (1) NOTIFIED after AUGUST 18, 1980 ☐ Valid

(2) NONNOTIFIER ☐

E. (1) FORM 1, XIII B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. A. TSDF ☐

B. NONREGULATED ☒

C. UNSURE ☐

D. UNKNOWN FACILITY ☐

(missing name and address on Form 3)

E. NEW FACILITY ☐

F. CORE ITEM(S) MISSING ☐

G. NONCORE ITEM(S) MISSING ☐

H. OTHER ☐

Exempted By Nov 17, 1980 FR  
Wastewater Treatment in  
tanks.  
prior to discharge into city sewer.



TO:		(Record of item checked above)	
Illinois Tool Works FD990817249		FROM:	DATE: 12/10/81
			TIME: 3:30 p.

SUBJECT: Facility I.D.# / Facility Name

SUMMARY OF COMMUNICATION

Conferred with Mr. William Thomas, <sup>Facility superintendent</sup> of the ~~comp~~ facility. I asked him to relate the message to Mr. J. Farrell, Vice President of the Co. about the <sup>Nov 17, 1980</sup> ~~trans~~ exemption. I told him that, based on the F.R. # his facility is exempted from a treatment permit if it's taken place in tanks and is necessary to comply with the Clean Water Act. He will relate the message to Mr. J. Farrell. In a separate matter, Mr. Thomas explained that the floor drain of the drum cleaning area is connected to the cyanide ~~treat~~ destruction system. Acid was placed in the drum for 24 hours prior to rinsing. All rinseate also is treated in the wastewater system.

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES TO:



## ITEM NUMBER

CHECK IF ITEM  
MISSINGII. Pollutant Characteristics ☐\*III. Name of Facility ☐IV. Facility Contact ☐

V. Facility Mailing Address

A. Street or P.O. Box ☐B. City or Town ☐C. State ☐D. Zip Code ☐

VI. Facility Location

\*A. Street, Route Number ☐B. County Name ☐\*C. City or Town ☐\*D. State ☐E. Zip Code ☐F. County Code (if known) ☐VII. SIC Codes (other than Process and Hazardous Waste codes) ☐

VIII. Operator Information

\*A. Name ☐\*B. Is the name listed in VIII-A also the owner ☐C. Status of operator ☐D. Phone ☐\*E. Street or P.O. Box ☐\*F. City or Town ☐\*G. State ☐H. Zip Code ☐



IX. Indian Land

X. Existing Environmental Permits

XI. Map

XII. Nature of Business

XIII. Certification

A. \*1. Name

2. Official Title

\*B. Signature

\*C. Date Signed

Comments:

\*Form 1 is missing

Reviewer's Initial



## ITEM NUMBER

CHECK IF 17  
MISSING

## II. First Application

\*1. Existing Facility Date (on or before  
November 19, 1980)☐OR

\*2. New Facility Date (after November 19, 1980)

☐

## III. Processes

\*A. Process Code

☐

\*B. Process Design Capacity-Amount

\*1. Amount

☐

\*2. Unit of Measure

☐

## IV. Description of Hazardous Wastes

\*A. EPA Hazardous Waste Number

☐

\*B. Estimated Annual Quantity

☐

\*C. Unit of Measure

☐

\*D. Processes

\*1. Process Codes

☐

\*2. Process Description (If no code is shown)

☐

## V. Facility Drawing

☐

## VI. Photographs

☐

## VII. Facility Geographic Location Latitude

Latitude

☐

Longitude

☐



VIII. Facility Owner

- \*1. Name of Facility's Legal Owner
- 2. Phone
- \*3. Street or P.O. Box
- \*4. City or Town
- \*5. State
- 6. Zip Code


IX. Owner Certification

- \*A. Name
- \*B. Signature
- \*C. Date Signed


X. Operator Certification

- \*A. Name
- \*B. Signature
- \*C. Date


Comments:

\*Form 3 is missing

--

D. # \_\_\_\_\_

Reviewer's Initial \_\_\_\_\_





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

FEB 17 1983

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

William Thomas, Finishing Supervisor  
Illinois Tool Works - Shakeproof Div.  
St. Charles Road  
Elgin, Illinois 60120

RE: Interim Status Acknowledgement                      USEPA ID No. IL D990817249  
FACILITY NAME: Illinois Tool Works - Shakeproof Division

Dear Mr. Thomas:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for interim status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for interim status. Our opinion will be reevaluated on the basis of this information.

The State of Illinois has received Phase I interim authorization under Section 3006 of RCRA. Because of this authorization you are required to comply with standards prescribed in 35 Illinois Administrative Code, Subtitle G, Chapter I, Subchapter c, Part 725, in lieu of the standards in 40 CFR 265. In addition, you are reminded that operating under interim status does not relieve you of the need to comply with other applicable Federal, State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from the Part A permit application that was sent to USEPA. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR 122.23 and as State regulations allow.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR 122.23; your facility may operate under interim status until such time as an RCRA permit is issued or denied. This will be preceded by a request from this office or the Illinois Environmental Protection Agency for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

If you have questions concerning the Illinois hazardous waste regulations, please contact Mr. Robert Kuykendall at the Illinois EPA, 2200 Churchill Road, Springfield, Illinois 62706. His phone number is (217) 782-6760.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: W. J. Farrell, Vice President

D. J. Broomfield, Operations Mgr.

cc: 2/17/83  
KJ





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V

111 West Jackson Blvd.  
CHICAGO, ILLINOIS 60604

OCT 07 1982

REPLY TO ATTENTION OF:  
RCRA ACTIVITIES

William Thomas, Finishing Supervisor  
Illinois Tool Works - Shakeproof Division  
St. Charles Road  
Elgin, Illinois 60120

RE: Request for Information--Hazardous Waste Permit Review  
(Wastewater Treatment Unit)  
FACILITY NAME: Illinois Tool Works - Shakeproof Division  
USEPA ID NO.: ILD 990 817 249

Dear Mr. Thomas:

This letter serves to acknowledge that the United States Environmental Protection Agency (USEPA) has completed reviewing of your Part A Hazardous Waste Permit Application. Our review indicates your facility may not require a permit under §3005 of the Resource Conservation and Recovery Act (RCRA); however, further clarification is needed.

Based on the information submitted, your facility appears to qualify as a wastewater treatment unit as defined in 40 CFR Part 260.10 (enclosed) and is excluded from the permit requirements as outlined in 40 CFR 122.21(d)(2) (enclosed). Please review these requirements to determine if your facility qualifies as a wastewater treatment unit. If it does, a permit is not required, and you should withdraw your permit application. Please submit your determination in writing, signed and certified by an authorized person in accordance with 40 CFR Part 122.6 (enclosed), requesting that your application be withdrawn. If at any time, since November 19, 1980, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR Part 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found at 40 CFR Part 265 Subpart G.

If the information on your application is incorrect, please submit a revised Part A with the appropriate changes to this Regional Office. If no response is received in this office within 30 days, we assume your facility requires a permit. Accordingly, we continue to process your application.

If you have any questions, please contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance. Please refer to "Request for Information--Wastewater Treatment Unit" in all telephone contacts and correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: W.J. Farrell, Vice President  
D. J. Broomfield, Operations Manager

JK  
60  
10/7/82



ILLINOIS TOOL WORKS-SHAKEPROOF DIVISION

ILLINOIS TOOL WORKS INCORPORATED

ST CHARLES ROAD  
ELGIN IL 60120

UNIT OF MEASURE

U

U

## KEY

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	UNIT OF MEASURE	CODE
<b>STORAGE:</b>				
CONTAINER	S01	G or L	GALLONS	G
TANK	S02	G or L	LITERS	L
WASTE PILE	S03	Y or C	CUBIC YARDS	Y
SURFACE IMPOUNDMENT	S04	G or L	CUBIC METERS	C
DISPOSAL:			GALLONS PER DAY	U
			LITERS PER DAY	V
			TONS PER HOUR	D
			METRIC TONS/HOUR	W
INJECTION WELL	D79	G, L, U, or V	GALLONS/HOUR	E
LANDFILL	D80	A or F	LITERS/HOUR	H
LAND APPLICATION	D81	B or Q	ACRE-FEET	A
OCEAN DISPOSAL	D82	U or V	HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G or L	ACRES	B
TREATMENT:			HECTARES	Q
			POUNDS/HOUR	J
TANK	T01	U or V	KILOGRAMS/HOUR	R
SURFACE IMPOUNDMENT	T02	U or V	TONS PER DAY	N
INCINERATOR	T03	D, W, E, or H	METRIC TONS/DAY	S
OTHER	T04	U, V, J, R, N, or S		



EPA ID NUMBER

Illinois Tool ~~Co.~~ - Rock-Shaping Division

ILD 990817249

## FACILITY OPERATOR

PROTECTIVE OPERATION  
Illinois Tool Works - Shakeproof Division

FACILITY OWNER

*Illinois Tool Works Incorporated*

## FACILITY LOCATION

St Charles Road

Elgin, IL 60120

## PROCESS CODE

To (

## DESIGN CAPACITY

1,166,400

## UNIT OF MEASURE

U

TO 4

115,230

✓

## KEY

	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE	* UNIT OF * MEASURE	CODE
STORAGE:			*	
-----			*	
CONTAINER	S01	G or L	* GALLONS	G
TANK	S02	G or L	* LITERS	L
WASTE PILE	S03	Y or C	* CUBIC YARDS	Y
SURFACE IMPOUNDMENT	S04	G or L	* CUBIC METERS	C
DISPOSAL:			* GALLONS PER DAY	U
-----			* LITERS PER DAY	V
INJECTION WELL	D79	G,L,U, or V	* TONS PER HOUR	D
LANDFILL	D80	A or F	* METRIC TONS/HOUR	W
LAND APPLICATION	D81	B or Q	* GALLONS/HOUR	E
OCEAN DISPOSAL	D82	U or V	* LITERS/HOUR	H
SURFACE IMPOUNDMENT	D83	G or L	* ACRE-FEET	A
TREATMENT:			* HECTARE-METER	F
-----			* ACRES	B
TANK	T01	U or V	* HECTARES	Q
SURFACE IMPOUNDMENT	T02	U or V	* POUNDS/HOUR	J
INCINERATOR	T03	D,W,E, or H	* KILOGRAMS/HOUR	R
OTHER	T04	U,V,J,R,N, or S	* TONS PER DAY	N
			* METRIC TONS/DAY	S



# RECORD OF COMMUNICATION

☒ PHONE CALL    ☐ DISCUSSION    ☐ FIELD TRIP    ☐ CONFERENCE  
☐ OTHER (SPECIFY)

(Record of item checked above)

TO:

William Thomas

FROM:

Paul Leventowski

DATE 1/12/83

TIME 9:45

Facility I.D.#/Facility Name

Illinois Tool Works - Shakerproof Division  
ILD 940 817 249

## SUMMARY OF COMMUNICATION

Called Mr Thomas concerning his WWT unit which may be exempt from reg. He stated that they still want to pursue obtaining a permit. TO1 operates 24 hrs a day / 5 days a week  
Corrected Process design capacity:

$$24 \frac{\text{hrs}}{\text{day}} \times 48600 \frac{\text{gal}}{\text{hr}} = 1,166,400 \text{ gal/day capacity}$$

Currently not operating at capacity, but if business picks up they would be.

TO4 filter press also could operate 24 hrs a day:

$$24 \frac{\text{hrs}}{\text{day}} \times 4700 \frac{\text{gal}}{\text{hr}} = 115200 \text{ gal/day}$$

CONCLUSIONS, ACTION TAKEN OR REQUIRED

INFORMATION COPIES

TO:



William Thomas Finishing Supervisor  
Illinois Tool Works - Shakeproof Division  
57 Charles Road  
Elgin IL 60120

RCRA ACTIVITIES 2

RE: Request for Information-Hazardous Waste Permit Review  
(Wastewater Treatment Unit)

FACILITY NAME: Illinois Tool Works - Shakeproof Div  
USEPA ID NO.: ILD 990817249

Dear Mr. Thomas,

This letter serves to acknowledge that the United States Environmental Protection Agency (USEPA) has completed reviewing of your Part A Hazardous Waste Permit Application. Our review indicates your facility may not require a permit under §3005 of the Resource Conservation and Recovery Act (RCRA); however, further clarification is needed.

Based on the information submitted, your facility appears to qualify as a wastewater treatment unit as defined in 40 CFR Part 260.10 (enclosed) and is excluded from the permit requirements as outlined in 40 CFR 122.21(d)(2) (enclosed). Please review these requirements to determine if your facility qualifies as a wastewater treatment unit. If it does, a permit is not required and you should withdraw your permit application. Please submit your determination in writing, signed and certified by an authorized person in accordance with 40 CFR Part 122.6 (enclosed), requesting that your application be withdrawn. If at any time, since November 19, 1980, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR Part 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found at 40 CFR Part 265 Subpart G.

If the information on your application is incorrect, please submit a revised Part A with the appropriate changes to this Regional Office. If no response is received in this office within 30 days, we assume your facility requires a permit. Accordingly, we continue to process your application.

If you have any questions, please contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance. Please refer to "Request for Information, Wastewater Treatment Unit" in all telephone contacts and correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: W.J. Farrell Vice President  
Illinois Tool Works Inc.  
8501 W. Higgins Road  
Chicago IL 60631  
D.J. Broomfield, Operations Manager

all  
DH  
9/22



Please print or type with ELITE type (12 characters per inch).

GSA No. 12345-XX  
Form Approved OMB No. 158-R00XX

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE REPORT		I. TYPE OF HAZARDOUS WASTE REPORT	
PLEASE PLACE LABEL IN THIS SPACE		PART A: GENERATOR ANNUAL REPORT	
		THIS REPORT IS FOR THE YEAR ENDING DEC. 31. 1980	
		PART B: FACILITY ANNUAL REPORT	
		THIS REPORT FOR YEAR ENDING DEC. 31. 1980	
		PART C: UNMANIFESTED WASTE REPORT	
		THIS REPORT IS FOR A WASTE RECEIVED (day, mo., & yr.) - - - 1980	
<p>INSTRUCTIONS: You may have received a preprinted label attached to the front of this pamphlet; affix it in the designated space above-left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Sections II, III, and IV below blank. If you did not receive a preprinted label, complete all sections. "Installation" means a single site where hazardous waste is generated, treated, stored, or disposed of. Please refer to the specific instructions for generators or facilities before completing this form. The information requested herein is required by law (Section 3002/3004 of the Resource Conservation and Recovery Act).</p>			
II. INSTALLATION'S EPA I.D. NUMBER F I L D 0 9 9 0 8 1 7 2 4 9 1			
III. NAME OF INSTALLATION ILLINOIS TOOL WORKS INC.			
IV. INSTALLATION MAILING ADDRESS			
STREET OR P.O. BOX 3 ST. CHARLES RD.			
CITY OR TOWN ST. ZIP CODE ELGIN IL 60120			
V. LOCATION OF INSTALLATION			
STREET OR ROUTE NUMBER 5 ST. CHARLES RD.			
CITY OR TOWN ST. ZIP CODE ELGIN IL 60120			
VI. INSTALLATION CONTACT			
NAME (last and first) PHONE NO. (area code & no.) BROOMFIELD DONALD ANG. OPER. 312-741-7900			
VII. TRANSPORTATION SERVICES USED (for Part A reports only) List the EPA Identification Numbers for those transporters whose services were used during the reporting year represented by this report.			
VIII. COST ESTIMATES FOR FACILITIES (for Part B reports only)			
A. COST ESTIMATE FOR FACILITY CLOSURE		B. COST ESTIMATE FOR POST CLOSURE MONITORING AND MAINTENANCE (disposal facilities only)	
\$ 111,000		\$	
IX. CERTIFICATION			
<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p>			
Craig Haseltine, Chemist A. PRINT OR TYPE NAME		Craig L Haseltine B. SIGNATURE	
		2-26-81 C. DATE SIGNED	



GSA No. 12345-XX  
Form Approved OMB No. 158-R00XX

Please print or type with ELITE type (12 characters/inch).

EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY FACILITY REPORT - PARTS B & C (Collected under the authority of Section 3004 of RCRA.)			
FOR OFFICIAL USE ONLY (Items 1 & 2)		XVI. TYPE OF REPORT (enter an "X")			
1. DATE RECEIVED		XVII. FACILITY'S EPA I.D. NO.			
2. RECEIVED BY		GILD990817349			
XVIII. GENERATOR'S EPA I.D. NO.		XIX. GENERATOR NAME (specify)			
		ON-SITE treatment			
XX. GENERATOR ADDRESS (street or P.O. box, city, state, & zip code)					
XXI. WASTE IDENTIFICATION					
LINE NUMBER	A. DESCRIPTION OF WASTE	B. EPA HAZARDOUS WASTE NUMBER (see instructions)	C. HANDLING METHOD (enter code)	D. AMOUNT OF WASTE	E. UNIT OF MEASURE (enter code)
1	Poisonous Solid, nos. Metal hydroxides precipitated from plating.	P006	D81	41	M
2	Cyanide solution, nos. cyanide-bearing wastewater (treated on site)	P030	T27	3750000	G
3	Cyanide solution nos. concentrated from stripping solutions baths. (drummed)	P030	S01	400	G
4	Cyanide solid (Sodium Cyanide) contained in emptied drums	P030	T27	8	P
5					
6					
7					
8					
9					
10					
11					
12					
XXII. COMMENTS (enter information by line number - see instructions)					
2 - represents rinsewaters containing cyanide from cyanide bath drag-out, treated by alkaline chlorination on site					
3 - drummed concentrated cyanide waste containing too much (untreatable - here) ferrocyanide; accumulated for landfill.					



ID Number ILP99081-249Inst Name FOI Tools Works - Shakerproof Div.

103

PHASE ONERefer to  
Form No:Interim Regulatory RequirementsIndicate by  
your initials:  
Yes NoValid  
Print  
Date?

- 1 T/S/D Facility? (If No, return to respondent.)
- 3 Form 1 received?
- 1 Form 3 received?
- 1 & 3 Postmarked on or before November 19, 1980?
- 3 Date of operation entered?
- 3 Date of operation on or before November 19, 1980?
- Notif. Notifier?
- Record Notified on or before August 18, 1980?
- 1 Form 1, XIII B signed?
- 3 Form 3, IX B Signed?

SP

SP

SP

SP

SP

SP

S.T.

SP

SP

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here: \_\_\_\_\_)

PHASE TWO

- 1 Unsure if regulated or non-regulated?
- 3 New facility?
- 1 & 3 Core items missing? If Yes, indicate which items:  
Facility name\_\_\_\_; location\_\_\_\_; mail address\_\_\_\_; operator info\_\_\_\_;  
certification\_\_\_\_; process info\_\_\_\_; waste info\_\_\_\_; owner\_\_\_\_; sigs\_\_\_\_.

PHASE THREE

- 1 & 3 Non-core items missing? If Yes, indicate which items:  
Maps\_\_\_\_; photos\_\_\_\_; drawings\_\_\_\_; lat/long\_\_\_\_.  
Other observations and comments:

Received Date Stamp

Log out/Log in  
on reverse side.

(Stamp forms also)





# SHAKEPROOF

A DIVISION OF ILLINOIS TOOL WORKS INC.

ST. CHARLES ROAD / ELGIN, ILLINOIS 60120 / TELEPHONE 312/741-7900, FROM CHICAGO 378-5529 / TELEX 72-2415 / TWX 910 251-3364

ILD 990 817249 G, TSD, notyf, PAS 1

August 5, 1983

U. S. Environmental Protection Agency  
230 South Dearborn  
Chicago, IL 60604 5HW-13

Attention: Mrs. Zetta Davis

Dear Ms. Davis:

In response to our phone conversation yesterday (8/4/83) regarding my letter from the Illinois E.P.A. dated 7/26/83 concerning assurance that funds would be available for properly closing our facility according to the laws of the Federal Government and the State of Illinois -

I feel that an error was made on our original application as we are not a landfill nor a storage site, but we are classified as a generator of electroplating wastes consisting of Zinc, Cadmium, Copper and metallic hydroxides which is completely self-contained in our waste treatment system. The metallic hydroxide sludge is disposed of in an approved landfill in accordance with our permit.

I would like to officially withdraw from the U.S. E.P.A. Part "A" System at this time. Should you have any questions regarding our withdrawal, please contact me at 312-741-7900.

Very truly yours

SHAKEPROOF DIVISION  
Illinois Tool Works Inc.

*W. G. Thomas*

W. G. Thomas  
Quality Assurance Mgr./Finishing

ds

cc: Mr. Andrew Vollmer  
Illinois E.P.A.

RECEIVED  
8/11/83

RECEIVED  
AUG 22 1983  
WASTE MANAGEMENT  
BRANCH

20  
8/9/83





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

(17)

JAN 27 1984

REPLY TO ATTENTION OF:  
5HW-13

W. G. Thomas, Quality Assurance Manager  
Shakeproof Division  
Illinois Tool Works, Incorporated  
St. Charles Road  
Elgin, IL 60120

RE: Permit Application Withdrawal Letter  
FACILITY NAME: Illinois Tool Works - Shakeproof Division  
U.S. EPA ID NO.: ILD 990 817 249

Dear Mr. Thomas:

This is to acknowledge receipt of your letter of August 5, 1983, requesting the withdrawal of your Part A Hazardous Waste Permit Application. Your request was not signed and certified by an authorized person, in accordance with 40 CFR Part 270.11 (enclosed). Please resubmit your request with the correct signature and certification, so that your withdrawal can be processed. Your request must contain a detailed explanation why the application should be withdrawn. Also, if at any time, since November 19, 1980, your operation included treatment, storage, or disposal of hazardous waste subject to 40 CFR Part 265, a closure plan must be filed with the withdrawal request. Requirements for closure are found in 40 CFR Part 265 Subpart G (enclosed).

If no response is received in this office within 30 days, we will assume your facility requires a permit. Accordingly we will continue to process your application.

Please feel free to contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance, if you have any questions. Please refer to "Permit Application Withdrawal Letter," in all correspondence on this matter.

Sincerely yours,

cc: W. J. Farrell, Vice President

  
Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

DISK  
12/7/83

11  
"Send enclosures for  
Storage & 90 days





# SHAKEPROOF

A DIVISION OF ILLINOIS TOOL WORKS INC.

ST. CHARLES ROAD / ELGIN, ILLINOIS 60120 / TELEPHONE 312/741-7900, FROM CHICAGO 378-5529 / TELEX 72-2415 / TWX 910 251-3364

*To Not. file*

*ILD 990 817249 G, TSD, notif, PAS 1*

August 5, 1983

U. S. Environmental Protection Agency  
230 South Dearborn  
Chicago, IL 60604 5HW-13

NO ACTION TAKEN  
PENDING DECISION ON WITHDRAWAL  
BY EPA STAFF

DATE 8/15/83

Attention: Mrs. Zetta Davis

Dear Ms. Davis:

In response to our phone conversation yesterday (8/4/83) regarding my letter from the Illinois E.P.A. dated 7/26/83 concerning assurance that funds would be available for properly closing our facility according to the laws of the Federal Government and the State of Illinois -

I feel that an error was made on our original application as we are not a landfill nor a storage site, but we are classified as a generator of electroplating wastes consisting of Zinc, Cadmium, Copper and metallic hydroxides which is completely self-contained in our waste treatment system. The metallic hydroxide sludge is disposed of in an approved landfill in accordance with our permit.

I would like to officially withdraw from the U.S. E.P.A. Part "A" System at this time. Should you have any questions regarding our withdrawal, please contact me at 312-741-7900.

Very truly yours

SHAKEPROOF DIVISION  
Illinois Tool Works Inc.

*W. G. Thomas*

W. G. Thomas  
Quality Assurance Mgr./Finishing

ds

cc: Mr. Andrew Vollmer  
Illinois E.P.A.

RECEIVED  
WASTE MANAGEMENT  
BRANCH

RECEIVED  
8/11/83

20  
5/9/83





# SHAKEPROOF

A DIVISION OF ILLINOIS TOOL WORKS INC.

ST. CHARLES ROAD / ELGIN, ILLINOIS 60120 / TELEPHONE 312 / 741-7900, FROM CHICAGO 378-5529 / TELEX 72-2415 / TWX 910 251-3364

February 6, 1984

U. S. Environmental Protection Agency  
230 South Dearborn  
Chicago, IL 60604 5HW-13

Re: Permit Application With-  
drawal Letter

Facility Name: Illinois Tool Works, Shake-  
proof Division

U.S. EPA ID No.: ILD 990 817 249 G1 TSD, -PA - 9

Attention: Ms. Zetta Davis

Dear Ms. Davis:

In response to our phone conversation on 2/1/84 and in reply to your letter dated 1/26/84, I am resubmitting my request for withdrawal from Part "A" Hazardous Waste Permit application.

This resubmittal is due to an error on my part in not having a proper signature and authorization in accordance with 40 CFR Part 270.11.

An error was made in our original application indicating that we were a landfill and storage site. This is incorrect as we are classified as a generator of electroplating wastes, which is completely self-contained within our waste treatment system. The metallic hydroxide sludge generated is disposed of in an approved landfill in accordance with our permit.

We would like to officially withdraw from the U.S. EPA Part "A" System at this time.

Any correspondence or questions should be directed to William G. Thomas at the above address, or telephone (312) 741-7900.

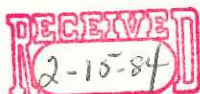
Very truly yours

ILLINOIS TOOL WORKS INC.

  
W. J. Farrell, President  
Fastener & Tool Group

ATTESTED TO BEFORE ME THIS  
7th day of February  
1984:

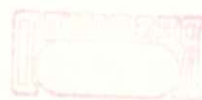
  
My Commission Expires: Sept 15, 1987



ds

h.t. 2/14/84

RECEIVED  
FEB 13 1984  
WASTE MANAGEMENT  
BRANCH





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:  
5HW-13

5-3-84

W. J. Farrell, President Fastener &  
Tool Group  
Illinois Tool Works, Shakeproof Division  
St. Charles Road  
Elgin, Illinois 60120

R  
RE: Withdrawal of Part A  
(Wastewater Treatment Unit)  
FACILITY NAME: Illinois Tool Works - Shakeproof Div  
U.S. EPA ID NO.: ILD990817249

Dear Mr. Farrell:

This is to acknowledge that the United States Environmental Protection Agency (U.S. EPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of February 6, 1984, requesting the withdrawal of your permit application. According to the information which you have submitted, your facility has a wastewater treatment unit, as defined in the 40 CFR Part 260.10 (enclosed). It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must still comply with all applicable State and local requirements.

You will retain your U.S. EPA Identification number, if you notified as a generator of a hazardous waste.

Please contact the Regulatory Analysis and Information Unit (312) 886-6148 for assistance, if you have any questions. Please refer to "Withdrawal of Part A (Wastewater Treatment Unit)," in all correspondence on this matter.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Karl J. Klepitsch, Jr.".

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc: W.G. Thomas, Quality Assurance Manager/Finishing  
IEPA





UNITED STATES  
ENVIRONMENTAL PROTECTION AGENCY  
REGION V  
230 SOUTH DEARBORN ST.  
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

W. J. Farrell, President + Tool Group<sup>5HW-13</sup>  
Illinois Tool Works, Shakeproof Division  
St. Charles Road  
Elgin, Illinois 60120

RE: Withdrawal of Part A  
(Wastewater Treatment  
Unit)

FACILITY NAME: Illinois Tool Works - Shakeproof Division  
USEPA ID NO.: ICD 990 817 249

Dear Mr. Farrell,

This is to acknowledge that the United States Environmental Protection Agency (USEPA) has completed its review of your Part A Hazardous Waste Permit Application and your letter of February 6, 1984 requesting the withdrawal of your permit application. According to the information which you have submitted, your facility has a wastewater treatment unit as defined in 40 CFR Part 260.10. It is the opinion of this office, based on the information submitted, that your facility is not required to have a hazardous waste permit under Section 3005 of the Resource Conservation and Recovery Act at this time. Please be advised that you must still comply with all applicable State and local requirements.

You will retain your USEPA Identification number if you notified as a generator of a hazardous waste.

Please contact the Technical, Permits, and Compliance Section at (312) 353-2197 for assistance if you have any questions. Please refer to "Withdrawal of Part A (Wastewater Treatment Unit)," in all correspondence on this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief  
Waste Management Branch

Enclosure

cc W.G. Thomas, Quality Assurance Manager / Finishing

cc IEPA

OK  
2/20  
4-18-84

